

1 TRANSCRANIAL ELECTROSTIMULATION APPARATUS AND METHOD
2

3 BACKGROUND:

4 Bio-electric stimulation apparatus has been developed for
5 applying current pulses to a patient through electrodes located on
6 opposite sides of the head of the patient. The current pulses at
7 selected frequencies are applied to cause reaction with the central
8 nervous system of the patient. Such devices, referred to as
9 transcranial electrostimulation (TCES) or cranial
10 electrostimulators (CES) have been used for a variety of non-
11 invasive procedures, such as producing analgesic effects, reducing
12 or controlling migraine headaches, and other applications of
13 treatment and electro-anesthesia.

14 Earliest prototypes of transcranial electrostimulation devices
15 originated in Russia. These original designs, although
16 successfully employed for several different treatment modalities,
17 had a severe drawback with regard to the comfort of the wearer or
18 patient. In some cases, these earlier cranial electrostimulation
19 devices even subjected the wearer to pain. It has been discovered
20 that the reason for the discomfort of these earlier designs was a
21 result of the use of direct current as part of the overall
22 operation of the devices. The direct current was used to break
23 down or lower skin resistance to allow the treatment alternating
24 current signals to penetrate the brain and nervous systems to cause
25 the desired effect established by the placement of the electrodes

1 on the head of the patient.

2 In these earlier types of machines, the wearer received a
3 combination of direct current and alternating current electrical
4 waveform packages through a series of electrodes affixed to the
5 head with straps. Typically, two electrodes comprising a cathode
6 or negative pole of the DC based circuit would be placed
7 approximately three inches apart to the left and right of the
8 center of the forehead. Two other electrodes, comprising the anode
9 of positive pole of the DC based circuit, were placed on the rear
10 of the skull on the post mandibular area behind and below each ear.

11 With this DC current based design, the wearer was required to
12 place a thick pad between any electrode and the skin. Typically,
13 the pad was comprised of several layers of unbleached and uncolored
14 cotton flannel, or an equivalent product. For best results, the
15 fabric pads were soaked with water to provide a conductive path
16 between the electrodes and the skin of the wearer. Without the
17 presence of the pads (which were only required because of the
18 presence of the DC current), such devices could either burn the
19 skin of the wearer, or cause relatively intense pain before a
20 usable level of the treatment modality of the currents at the AC
21 frequency could be reached.

22 Although various types of treatment were employed by such
23 earlier transcranial electrostimulation devices, the devices
24 typically needed to be employed for an average time of thirty
25 minutes per treatment period. Without the presence of the

1 relatively thick cumbersome pads, the DC based design was unusable.
2 With the presence of the thick padding, the DC design was bearable
3 to the wearer, but rarely provided the wearer with a pleasant
4 experience.

5 Three Russian patents which utilize such devices for different
6 treatment methods comprise Russian patent Nos. 1489719; 1507404;
7 and 1522500. In all of these patents, a combination of direct
8 current and rectangular impulse current, with a frequency of
9 between 70 and 80 Hertz, was employed at current amperages which
10 were increased from a relatively low level to a higher or maximum
11 level over the course of each treatment session.

12 An additional and potentially harmful drawback of the DC based
13 designs was that of iontophoresis. A characteristic of a DC
14 circuit application of this type is that molecular sized parts of
15 metal, toxins and other undesirable impurities can be caused to
16 migrate in the direction of current flow through the skin and into
17 the bloodstream of the wearer of such DC based CES devices.
18 Consequently, care had to be taken to ensure that no substance was
19 present other than water used to create good electrical contact
20 with the pad to the skin of the wearer. Since practically all CES
21 treatment modalities require repeated treatments, the potential for
22 iontophoresis being a harmful factor was escalated.

23 Transcranial electrostimulation (CES or TCES) originally was
24 used in the 1960's to induce sleep. These early devices typically
25 used less than 1.5 mA at 100 Hz. The United States patent to Liss

1 No. 4,627,438 employed higher frequencies modulated by a lower
2 frequency squarewave to produce recurring pulse bursts. The
3 repetition frequency of the device of Liss is determined by the
4 modulation frequency; but the pulse bursts are of a uniform
5 amplitude within each repetition cycle. The device of the Liss
6 patent is specifically directed to utilization in conjunction with
7 the treatment of migraine headaches. The low frequency or
8 modulating signal is asymmetrical, utilizing a 3:1 duty cycle, "on"
9 three-fourths of the time and "off" one fourth of the recurring
10 period. This results in bursts of the high frequency signal
11 separated by the off time when no signal is applied, following the
12 re-application of the bursts of the high frequency signal. Some
13 patient discomfort may be present in such an "on/off" system
14 operation over the period of time of application of the pulse
15 during a treatment interval.

16 A number of other United States patents, all directed to dual
17 frequency systems which utilize high frequency signals modulated by
18 a low frequency modulation carrier, operating in the general nature
19 of the device of the Liss patent No. 4,627,438, exist. Typical of
20 these patents are the patents to Limoge No. 3,835,833; Nawracaj No.
21 4,071,033; Kastrubin No. 4,140,133; Morawetz No. 4,922,908 and
22 Giordani No. 5,131,389. All of these patents employ a uniform
23 amplitude high frequency signal, which is modulated at the lower
24 frequency of the modulation carrier.

A variation on the systems of the patents discussed above is disclosed in the United States patent to Haimovich No. 5,540,736. The device of this patent employs two different current generators for providing electrical currents delivered to two electrode pairs operating across different portions of the head of the patient. This allows independent control of the current generators to administer independent regulated electrical current across each of the pairs to adjust for different impedances caused by the physiological and anatomical differences between different sides of a patient's mid brain portion, the quality of the conducting medium, and other factors. In all other respects, the system disclosed in this patent is similar to the operation of the system disclosed in the Liss patent discussed above.

Russian patent publication No. 2139111 is directed to a method for treating narcomania, which is a treatment also used in others of the CES patents described above for alcohol and narcotic addiction. In this patent, transcranial electrical stimulation is accomplished by means of packets of current with a duration of four milliseconds, at a modulation frequency of 100 Hz. Within each of the packets, the high frequency signals have a uniform frequency and current amplitude.

It is desirable to provide a transcranial electrostimulation apparatus and method which overcomes the disadvantages of the prior art, and which has increased effectiveness and increased user comfort.

1 SUMMARY OF THE INVENTION:

2 It is an object of this invention to provide an improved
3 transcranial electrostimulation apparatus and method.

4 It is an additional object of this invention to provide an
5 improved transcranial electrostimulation apparatus and method which
6 does not employ direct current components.

7 It is another object of this invention to provide an improved
8 transcranial electrostimulation apparatus and method employing only
9 alternating current components.

10 It is a further object of this invention to provide an
11 improved transcranial electrostimulation apparatus and method
12 utilizing packets or groups of high frequency pulses which vary
13 amplitude within each of the packets in a uniform manner and in
14 which the packets are repeated at a lower modulation frequency for
15 application to electrodes for effecting transcranial
16 electrostimulation.

17 In accordance with a preferred embodiment of the invention, a
18 transcranial electrostimulation apparatus includes a first
19 generator of bipolar pulses at a first predetermined frequency. A
20 source of modulating control signals at a second frequency, which
21 is less than the first predetermined frequency, is employed in
22 conjunction with an amplitude control circuit receiving the pulses
23 of the first predetermined frequency to produce bipolar pulses at
24 the first predetermined frequency, which vary in amplitude in an

1 asymmetrical pattern at the frequency of the modulating control
2 signals.

3 BRIEF DESCRIPTION OF THE DRAWING:

4 Figure 1 is a diagrammatic drawing illustrating the overall
5 principles of operation of the system in accordance with a
6 preferred embodiment of the invention;

7 Figure 2 is a waveform of a typical signal pattern of a
8 preferred embodiment of the invention; and

9 Figure 3 is a block diagram of a system for producing the
10 signals shown in Figure 2.

12 DETAILED DESCRIPTION:

13 Reference now should be made to the drawings which illustrate
14 a preferred embodiment of the invention and its operation. Figure
15 1 is a diagrammatic representation of the salient operating
16 features of circuitry implementations which produce a unique triple
17 waveform asymmetry useful for various transcranial
18 electrostimulation applications. The unique waveform which is
19 described in detail in conjunction with Figure 2 produces little to
20 no discomfort to the user of the device.

21 As illustrated in Figure 1, the basic high frequency current
22 signals are produced by a high frequency generator 10, which may
23 employ a frequency control 12 and a pulse duration control 14 to
24 establish the basic frequency and to provide the desired asymmetry

1 between the positive and negative portions of each of the pulses
2 produced by the generator 10. Typically, the generator 10 may
3 include a crystal oscillator operating at 1,000 to 1,200 kHz, which
4 then is divided down to the desired operating frequency of the
5 alternating current pulses applied to the transcranial stimulation
6 electrodes. Typically, the division ratio may be a 1:4 ratio to
7 produce signals which then are modulated by a low frequency
8 generator 16.

9 As illustrated in the diagrammatic representation of Figure 1,
10 the output of the low frequency generator 16 may be established by
11 means of a conventional frequency control 18, a pulse duration
12 control 20, and a modulation depth control 22 to produce a
13 composite modulated output signal at 24, which comprises the pulses
14 from the output of the high frequency generator 10 modulated by the
15 low frequency generator 16. The output 24 then is provided with an
16 amplitude control 26 to establish the amplitude of the pulse train
17 supplied through the system to a power amplifier 28. The current
18 at the power amplifier 28 may be varied in accordance with the
19 treatment modality to be used by the system; and this current is
20 measured by an ammeter 34. The power amplifier 28 then supplies
21 appropriate transcranial alternating current pulses to a pair, or
22 multiple pairs, of electrode outputs, illustrated as a single pair
23 30 and 32 in Figure 1.

24 The operation of a preferred embodiment of the invention, for
25 producing a waveform having triple asymmetry in order to produce

1 effective transcranial electrostimulation, now should be considered
2 in conjunction with the waveform of Figure 2 and the block diagram
3 of the system shown in Figure 3. The block diagram of the system
4 shown in Figure 3 is typical of a manner of implementation of the
5 various circuit functions required to produce the waveform of
6 Figure 2; but other arrangements for producing the signal waveform
7 also may be utilized.

8 In Figure 3, a crystal oscillator 50 is employed to provide
9 the basic alternating current operating signals utilized for both
10 the high frequency pulses and the modulating pulses illustrated in
11 Figure 1 as being produced by the high frequency generator 10 and
12 the low frequency generator 16. Typically, the oscillator 50 may
13 have an operating frequency in the order of 1,000 kHz to 1,200 kHz
14 (although other frequencies may be used). The output of this
15 oscillator is supplied to a divider 52, which may comprise multiple
16 division stages, to produce the lower modulating frequency
17 (illustrated in Figure 1 as being generated by the low frequency
18 generator 16). The output signals from the oscillator 50 also are
19 supplied through a divider 54 to produce the operating signal
20 waveform shown as the squarewave signal in the waveform of Figure
21 2, after being shaped by a pulse shaper 56, to achieve the
22 generally squarewave configuration of Figure 2. In the example
23 given, these pulses occur at an alternating current rate of 100
24 kHz; although they could be at higher or lower frequencies in
25 accordance with particular applications of the system.

The pulses from the output of the divider 54 also are supplied to a counter 60, which may be of any suitable type such as a cascade counter or a ring counter, for producing outputs on leads 64 and 66 utilized in controlling the amplitude of the pulses from the pulse shaper 56. The counter 60 is reset by the output of the divider 52, applied over the lead 62, to reset the counter for each cycle of operation of the divider 52. In the present example, the output of the divider 52 (comprising the low frequency modulation control signal) is selected to be 77.5 Hz, since this repetition frequency has been found to be highly effective in conjunction with transcranial electrostimulation devices. Repetitive frequencies which are in the range of 70 Hz to 85 Hz have been found to be effective, but a frequency of 77.5 Hz has been empirically ascertained as a general ideal operating frequency for producing the maximum efficacy of the system.

The modulating or reset frequency, applied over the lead 62, could as well be supplied by a second independent crystal oscillator, operating at a lower initial frequency than the oscillator 50, if desired. If two different signal sources are employed, synchronization between the two should be effected to cause the various pulse transitions of the signals to be correlated with one another in order to produce the signal waveform of Figure 2. The system shown in Figure 3, however, is one effective way of accomplishing this.

Assume, for the present example, that the counter 60 has been

1 reset to its initial or "zero" count. The system then operates to
2 supply output pulses at the high frequency of the divided down
3 signal from the divider 54 to the counter input, which advances one
4 count for each of the applied pulses. In the waveform shown in
5 Figure 2, the initial pulses (the first four in Figure 2) cause the
6 counter outputs on 64 and 66 to be such that, as these outputs are
7 applied to the amplitude control 68, a maximum amplitude (which may
8 be adjusted if desired) is produced. This is illustrated in the
9 left-hand portion of the waveform signal of Figure 2. When pulse
10 No. 4 in the group or packet is applied, a signal is obtained from
11 one or both of the outputs 64 and 66 of the counter 60 and applied
12 to the amplitude control circuit 68 to switch it to a lower
13 amplitude, as illustrated for the right-hand portion of the signal
14 shown in Figure 2.

15 This causes the output of the amplitude control circuit 68 as
16 applied to a regulator amplifier 58, to produce the signal
17 waveforms in the asymmetrical pattern shown in Figure 2, wherein
18 the left-hand one-fourth (42) of each of the signal bursts is at a
19 high amplitude; and the right-hand portion (44) comprising the
20 remainder of the pulses is at a lower amplitude. The ratio is such
21 that one-fourth (the initial amplitude) is at the high amplitude
22 range, and that the remainder three-fourths is at the low amplitude
23 range. This is the first level of asymmetry of the applied
24 signals.

25 The regulator amplifier 58 also operates on the squarewave

shaped pulses from the pulse shaper 56 to cause a second asymmetry in the positive and negative going aspects of the signal. As shown in Figure 2, the negative going amplitude is one-fourth of the total excursion of the signal; and the positive going portion is three-fourths of the total excursion. This is true of both the maximum amplitude pulse 42 burst at the beginning of each of the burst groups or packets, and the lower amplitude portion 44 at the end of each of the burst groups or packets.

Finally, the third asymmetry is produced within the thirteen milisecond squarewave burst envelope illustrated as 40 in Figure 2. This is the result of the operation of the divider signal on the lead 62 comprising the reset operation for the counter 60.

The composite asymmetrical signal illustrated in Figure 2 then is provided by the output of the regular amplifier 58 to a power amplifier 70. The amplification may be adjusted to change the amount of current applied by the system (while maintaining the relative waveform shapes and patterns shown in Figure 2) in accordance with the treatment modality to be utilized by users of the system. The ammeter 74 is employed to measure the magnitude of the current supplied by the system. It may be a simple analog ammeter, or it may be a digital ammeter providing separate readings of the maximum amplitude and minimum amplitude portions of the signal which is shown in Figure 2.

The output of the amplifier 70 may be applied through a polarity switch 72 which allows the polarity of the signals applied

1 to the spaced electrodes to be reversed, if desired. The polarity
2 switch 72 supplies the signals across a pair of spaced output
3 electrodes 76 and 78 which may in the form of pairs of split anodes
4 and split cathodes, or which may be a single "anode" and "cathode"
5 pair. Since no direct current components are present, the
6 electrode paths connected to the outputs 76 and 78 are not really
7 anodes and cathodes; but, depending upon the treatment which is
8 being effected, it may be desirable to apply the positive going
9 portions of the pulses to one or the other of these electrodes and
10 the negative going portions to the other to achieve specific
11 results.

12 It should be noted that in the system which is shown and
13 described, there are no direct current components. It also should
14 be noted that although the system essentially is illustrating
15 kHz to 120 kHz tone bursts in each of the burst envelopes 40 shown
16 in Figure 2, other frequencies could be employed. As noted, the
17 77.5 Hz waveform, derived through the timing cycle, is used to
18 complete each burst envelope including first pulses of a relatively
19 high amplitude, followed by a series of pulses of a relatively low
20 amplitude, in accordance with the signal pattern shown in Figure 2.

21 In the system which is disclosed, an individual squarewave
22 pulse of 0.01 Ms is utilized with .0075 Ms in the negative portion
23 of the pulse and .0025 Ms in the positive portion of each of the
24 pulses. The general asymmetrical waveform which is described above
25 in conjunction with Figure 2 has been found to be effective when it

1 is centered around three-to-one ratios throughout the system
2 operation. These ratios of course may be varied, in accordance
3 with corresponding variations of other ratios of the system; but it
4 has been found that the asymmetrical relationship which is
5 disclosed replaces the formerly necessary, but unpleasant, DC
6 portion of the operating protocol of earlier systems.

7 The DC current employed in some of the prior art devices was
8 designed to provide a path penetrating the natural capacitive
9 resistance of human skin. The DC current reduced the resistance to
10 approximately 300 to 400 Ohms. The cost, however, was a high level
11 of discomfort for the user of the device. It has been found that
12 the utilization of the unique asymmetrical signal produced by the
13 system shown in Figure 3 and illustrated in the waveform of Figure
14 2 effectively lowers the capacitive resistance of the epidermal
15 layer to something on the order of 100 Ohms. Since less resistance
16 is presented to the integrated 77.5 Hz modulating frequency, lower
17 current levels are capable of achieving the same desired result
18 which previously required much higher current levels. The lower
19 current levels translate into a greater level of comfort for the
20 patient or user of the device.

21 The foregoing description of the preferred embodiment of the
22 invention is to be considered as illustrative and not as limiting.
23 Various changes and modifications will occur to those skilled in
24 the art for performing substantially the same function, in
25 substantially the same way, to achieve substantially the same

1 result without departing from the true scope of the invention as
2 defined in the appended claims.
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26

LAW OFFICE OF
LAVALLE D. PTAK
28435 N. 42nd ST., STE. B
GOVE CREEK, ARIZONA 85331-4709
(480) 419-9019